

Base Hospital Contact: Required for anaphylaxis.

1. Assess airway and initiate basic and/or advanced airway maneuvers prn ([MCG 1302](#))
Continually assess patient's airway and ventilation status
2. Administer **Oxygen** prn ([MCG 1302](#))
High flow Oxygen 15 L/min for anaphylaxis with poor perfusion or airway compromise
3. Initiate cardiac monitoring prn ([MCG 1308](#))
4. For anaphylaxis:
Epinephrine (1mg/mL) administer 0.5mg (0.5mL) IM in the lateral thigh ❶
CONTACT BASE: Repeat as above every 10 min x2 prn persistent symptoms, maximum total 3 doses
5. Establish vascular access prn ([MCG 1375](#))
Vascular access for all patients with anaphylaxis
6. For poor perfusion:
Normal Saline 1L IV rapid infusion
Reassess after each 250 mL increment for evidence of volume overload (pulmonary edema); stop infusion if pulmonary edema develops.

For persistent poor perfusion, treat in conjunction with [TP 1207, Shock/Hypotension](#)
7. If wheezing: ❸
Albuterol 5mg (6mL) via neb
Repeat x2 prn, maximum total prior to Base contact 3 doses
8. For itching/hives:
Diphenhydramine 50mg (1mL) slow IV push one time ❷
If unable to obtain venous access, **Diphenhydramine 50mg (1mL) deep IM**

SPECIAL CONSIDERATIONS

- ❶ Epinephrine is the drug of choice for allergic reactions with any angioedema, respiratory compromise or poor perfusion. It should be given IM into a large muscle group, lateral thigh preferred or alternatively the lateral gluteus.
- ❷ Diphenhydramine does not treat anaphylaxis. For patients in anaphylaxis, Epinephrine administration is the first priority. Diphenhydramine may be considered once other treatments are complete or in stable patients with discomfort for isolated hives.
- ❸ Patients with wheezing due to allergic reaction should be treated with Epinephrine IM. Albuterol may be administered in addition to Epinephrine IM if wheezing persists.